



CAREER TRANSITION AWARD PROGRAM 2020

Name of **Applicant**, with credentials: _____
Institutional affiliation: _____
Mailing address: _____

Telephone: _____ FAX: _____ Email: _____
Signature: _____ Date: _____

Name of **Supervisor**, with credentials: _____
Institutional affiliation: _____
Mailing address: _____

Telephone: _____ FAX: _____ Email: _____
Signature: _____

Title of the Research Proposal: _____
Proposed Funding Start Date: _____

Name of **Institutional Research Grants Officer:** _____
Mailing address: _____

Telephone: _____ FAX: _____ Email: _____
Signature: _____ Date: _____

If funded, ALS Canada sends cheques to this person/address at applicant's institution:

